Please choose the program that works for you

Direct Pay Program Bank Account

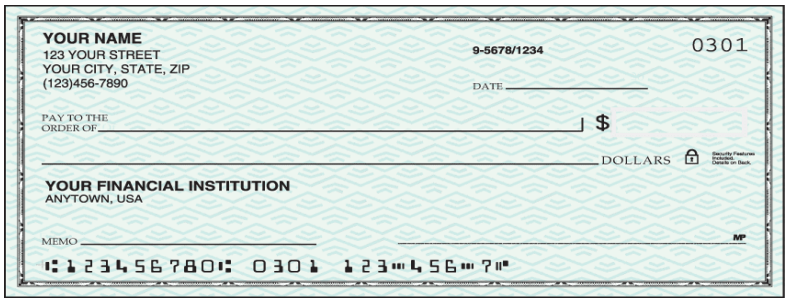
Name(s) as shown on account

Routing Number

Account Number (please include a voided check with this authorization form)

Authorized Signature

I authorize Mendenhall Fuel, Inc. to debit amount due on my (our) fuel bill to the bank account indicated and to make credit card entries to the same account to correct any debit errors. I (we) understand that we must notify Mendenhall Fuel, Inc. in writing to cancel this authorization.



(routing #) (account #)

**** Optional****

By signing below, I understand and agree that my information will be kept on file and in complete confidentiality. It will be used to charge the cost of my deliveries automatically, which guarantee's applicable discounts, if any. I also understand that all other charges, if any, will be charged to this ACCOUNT ONLY UPON MY REQUEST.

SIGNATURE : _____ DATE: _____

PRINT : _____

***** PLEASE *** KEEP US INFORMED OF ANY CHANGES *** ANY PAST DUE AMOUNT NOT PAID WITHIN 30 DAYS WILL ACCRUE FINANCE CHARGES AUTOMATICALLY ************ Thank You: Accounts Receivable *****